

Delay surgery for small renal cancers to week 32 of gestation

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Makarand V. Khochikar reported (*Management of urological cancers during pregnancy. Nat. Rev. Urol. 7, 195–205; 2010*)¹ that nephrectomy for small renal cell carcinoma discovered in the second trimester could be delayed until 28 weeks of gestation because these tumors have a slow growth rate and 90% of babies will survive at 28 weeks. The prognosis of newborns at 28 weeks is not as optimistic as Khochikar stated, however. In the EPIPAG study of 2,357 children born between 22 and 32 weeks of gestation, 1,817 survived.² 441 of these survivors born between 29 and 32 weeks of gestation (36%) had neurodevelopmental disabilities at 5 years. 145 children born between 24 and 28 weeks of gestation (49%) had neurodevelopmental disabilities; the disability of 5% was rated as severe,

19% moderate, and 25% minor. Moreover, specialist health-care services were used by 31% of children born between 29 and 32 weeks of gestation.²

Further, I do not agree with Khochikar's assertion that laparoscopy is not safe during pregnancy. My group's experience³ is that laparoscopic (pelvic and para-aortic) lymphadenectomy for cervical cancer during pregnancy is a safe and effective procedure, both for the mother and the fetus, which can be performed during any trimester. There was no maternal or fetal morbidity or mortality related to laparoscopic surgery in our study. Another study had the same results.⁴

As small localized renal cell carcinoma has a slow growth rate, surgery should be delayed until the end of gestation week 32 in order to optimize fetal prognosis.

Surgical laparoscopy during pregnancy is safe and minimally invasive for both mother and fetus.

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[doi:10.1038/nrurol.2010.25-c1](https://doi.org/10.1038/nrurol.2010.25-c1)

Competing interests

The author declares no competing interests.

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